

STATE OF CALIFORNIA
BUSINESS TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR
MANUFACTURED HOME/MOBILEHOME/COMMERCIAL MODULAR
90-DAY CERTIFICATE

* CHECK APPROPRIATE BOX FOR:

- ☐ A. Applying for an Original 90-Day Certificate.....**Certificate Holder:** Complete Sections 1 and 4; and pay fee of \$134*
Dealer: Complete Sections 2 and 3
- ☐ B. Change in Supervising Managing Employee.....**Dealer:** Complete Sections 1, 2, and 4; and pay fee of \$45*
- ☐ C. Change in Employment of a 90-Day Certificate Holder.....**Certificate Holder:** Complete Sections 1 and 4; and pay fee of \$45*
New Dealer: Complete Sections 2 and 3

THIS APPLICATION SHALL BE ACCOMPANIED BY THE APPROPRIATE FEES IN ACCORDANCE WITH THE CALIFORNIA CODE OF REGULATIONS, TITLE 25, CHAPTER 4, SECTION 5040 AND CHAPTER 5.5, SECTION 5814.

SECTION 1 – APPLICANT INFORMATION (Type or Print)

NAME: _____ () _____
Last First Middle Home Telephone No.

MAILING ADDRESS: _____
P.O. Box or Number Street City State ZIP Code

RESIDENCE ADDRESS: _____
(If different) Number and Street City State ZIP Code

FORMER EMPLOYING
DEALER (If applicable): _____ YOUR 90-DAY CERT. NO. (If applicable) _____

SECTION 2 – EMPLOYER INFORMATION (Type or Print)

DEALERSHIP NAME: _____ LICENSE NO. _____

DEALERSHIP ADDRESS: _____
Number and Street City State ZIP Code

LOCATION OF EMPLOYMENT: _____
(If different than dealership address) Number and Street City State ZIP Code

SUPERVISING MANAGING EMPLOYEE DESIGNATED RESPONSIBLE FOR SUPERVISING THE 90-DAY CERTIFICATE HOLDER:

☐ Check if this is a change of the supervising managing employee

NAME: _____ LICENSE NO. _____
Print or Type Full Name

SIGNATURE _____ DATE _____

THE DESIGNATED EMPLOYEE HEREBY CERTIFIES THAT HE/SHE SHALL DIRECTLY SUPERVISE THE EMPLOYED APPLICANT IDENTIFIED HEREIN

SECTION 3 – EMPLOYING DEALER CERTIFICATION

I, _____, certify that I have reviewed the information contained in this
Print or Type Full Name

application and intend to employ the above-named applicant as a manufactured home/mobilehome/commercial modular 90-day certificate holder. I further acknowledge that the above-named applicant will not act as a 90-day certificate holder until he/she receives and delivers to me the 90-day certificate issued by the Department. I further certify that the 90-day certificate holder will not continue to be employed under my license, beyond the specified 90-day period, unless the certificate holder has become fully licensed as a salesperson.

SIGNATURE: _____ TITLE _____

DATE _____ EXECUTED IN THE COUNTY OF _____ STATE OF _____

SECTION 4 – APPLICANT CERTIFICATION

I, _____, certify under penalty of perjury that the information given on this application
is true and correct to the best of my knowledge and belief.
Print or Type Full Name

SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____

SUBMIT APPLICATION TO: Department of Housing and Community Development
Manufactured Housing Programs
Occupational Licensing Section
P.O. Box 31
Sacramento, CA 95812-0031

You, the applicant, may appeal directly to the Director of the Department and/or the Secretary of the Business, Transportation, and Housing Agency for a timely resolution of any dispute arising from a violation of the time periods within which the Department must process this application. The appeal shall be decided in your favor, if the Department exceeds the maximum time period of issuance or denial of the certificate and has failed to establish good cause for reimbursement of any and all filing fees paid to the Department, in accordance with the California Code of Regulations, Title 25, Chapter 4, Section 5020.5(g).

Director
Department of Housing and Community Development
P.O. Box 31
Sacramento, CA 95812-0031

(916) 323-9803

Secretary
Business, Transportation and Housing Agency
980 9th Street, Suite 2450
Sacramento, CA 95814

(916) 323-5400